

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42798** (1)

1. Corporation Name  
**FRED ASTAIRE DANCE ASSOCIATION, INC.**

Principal Place of Business <b>500 W. CYPRESS CREEK RD. SUITE 410 FT. LAUDERDALE FL 33309</b>	Mailing Address <b>500 W. CYPRESS CREEK RD. SUITE 410 FT. LAUDERDALE FL 33309-6156</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/02/1991</b>		3a. Date of Last Report <b>01/24/1996</b>	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number <b>65-0277234</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SCHULTZ, MICHAEL</b> <b>500 W. CYPRESS CREEK RD.</b> <b>SUITE 410</b> <b>FT. LAUDERDALE FL 33309</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Michael E. Schultz* DATE **1/9/97**  
Signature of officer, director, or registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTZ, MICHAEL		1.2 NAME		
STREET ADDRESS	500 W. CYPRESS CREEK RD., STE. 410		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP		
TITLE	SVPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTHWEILER, JACK		2.2 NAME		
STREET ADDRESS	500 W. CYPRESS CREEK RD., STE. 410		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIAVONE, GUY		3.2 NAME		
STREET ADDRESS	500 W. CYPRESS CREEK RD., STE. 410		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Michael E. Schultz* DATE **1/9/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MICHAEL E. SCHULTZ** Daytime Phone # **0035902**

CR2E037 (9/96)